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Effective on 12/08/2004,

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

PTO/SB/17 (12-04v2) Approved for use through 07/31/2008. OMB 0851-0032

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EEE TOANGMITTAI					ation Number 0	09/886,307			
FEE TRANSMITTAL				Filing	Date J	lune 19, 2001		aegeined	
for FY 2005				First A	amed inventor	Batson, et al.	CENT	RAL FAX CENTER	
Applicant claims small entity status. See 37 CFR 1.27					ner Name C	David J. Czekaj	U	CT 1.7 2005	
				Art Un	it 2	2613		61 1 7 2005	
TOTAL AMOUNT OF PAYMENT		(\$)120.00		Attorn	Attorney Docket No. APPM/5090/FET/FET/D		T/DV		
METHOD OF PAYMENT (check all that apply)									
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :									
☐ Deposit Account Deposit Account Number: 20-0782 Deposit Account Name: Patterson & Sheridan, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s)									
Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card									
Information and authorization on PTO-2038.									
FEE CALCULATION									
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES									
† ""	ING	Small Entity	St	ARCH	Small Entity		ION FEES		
Application Type Fe	e (\$)		<u>Fe</u>	e(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)	
Utility 30	0	150	50	10	250	200	100		
Design 20	0	100	10	Ю	50	130	65		
Plant 20	0	100	30	10	150	160	80		
Reissue 30	0	150	50	10	250	600	300		
Provisional 20	0	100		0	0	0	0		
2. EXCESS CLAIM FEES <u>Small Entity</u>									
Fee Description Fee (\$) Fee (\$)									
Each daim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200								25 400	
Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180									
Total Claims Extra Claims Fee(\$)					Paid (\$)			Dependent Claims	
20 or HP=		_ × _	=				Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.									
	xtra	<u>Claims</u> <u>Fo</u>	e(\$)	Fee	Paid (\$)				
3 or HP=		_ × _		: <u> </u>					
HP = highest number of independent claims paid for, if greater than 3.									
3. APPLICATION SIZE FEE									
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50									
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)									
100 = /50 = (round up to a whole number) x ==									
4. OTHER FEE(S) Fees Pald (\$)									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): One-month extension 120									
SURMITTED BY									
SUBMITTED BY	//	7	/	т	Registration No.				
Signature	_		<u></u>	<u> </u>	(Altomey/Agent)	45,150	Telephone	(732) 530-9404	
Name (Print/Type) Keith Tabos	da, Es	q.				·	Date	October 17, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentistify is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Paper and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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